LISKEARD

Borough Council

THE

ANNUAL REPORT

OF THE

Medical Officer of Health

For the Year 1952

P. J. FOX, M.B., B.Ch., B.A.O., D.P.H.

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BOROUGH OF LISKEARD.

TH ANNUAL REPORT of the MEDICAL OFFICER OF HEALTH
For the Year 1952

To the Mayor, Aldermen and Councillors of the Corporation of the Borough of Liskeard.

Your Worship, Ladies and Gentlemen,

In presenting my Annual Report for the year 1952 my first and most obvious duty is to comment on the general health of the population, which resides in the six County Districts which make up Health Area No. 7. I should like to make it clear at the outset that much of what I have to say in this respect is based not on incontrovertible facts and figures, but on opinions and impressions I have formed while living, and working amongst the people of this part of Cornwall. The more obvious matters of being born, of dying, of contracting infectious disease can be measured with some degree of precision, and their impact upon the community can be compared with that of previous years or that of other communities in the same year. For matters of life and death our yardstick is reasonably effective but for assessing the relationship of health, or more often the lack of it, to normal day-to-day living, we are driven back to some extent on speculation and guesswork. We know from the heavy demands placed upon the National Health Service that there is a great deal of chronic ill-health, much of it vague in character, and based upon psychological disorders. These latter exist as one of the undesirable by-products of our modern civilisation, with its divers anxieties, and its increased tempo of living and there does not at present seem to be any obvious or easily available remedy. It would not however be reasonable to dismiss the problem on such a pessimistic note, without making some effort to solve it, but before doing so we must know more of its nature and extent. To collect this information is a task of very great magnitude, since the manifestations of chronic ill-health have an almost infinite variety and its roots may be tangled and deep in human experience. Nevertheless if any worthwhile advance is to be made in our endeavours to tackle this problem, we must somehow or other gain the knowledge which will enable us to plan the eradication of this type of disease in the same way in which we have disposed of those more obvious diseases which used to cause so much human suffering and loss of life.

From the figures which are available to me, and my personal impressions, it appears to me that the health of the community in South-East Cornwall was up to average during 1952. The population of the Area showed a decrease of 497 as compared with 1951, the total estimated mid-year population being 53,520. The County Districts showing decreases were St. Germans Rural District, Torpoint Urban District, Liskeard Borough and Looe Urban, whilst Liskeard Rural District and Saltash Borough showed small increases in population. The total numbers of births 742 shows a small increase over the 1951 figure and the birth rate shows a corresponding small increase. The total number of deaths 709 shows a decrease as compared with the 1951 figure of 726, and the death rate is below the 1951 rate. The rates for maternal mortality, and infant mortality show small increases as compared with those of 1951, but the numbers are not large enough to allow of any useful deductions being drawn. As far as the principal well-defined causes of death are concerned heart disease again figures as the most prominent cause of death, with cancer as the next most common disease, followed by cerebral vacular lesions (stroke). In 1952 heart disease caused 39% of the total deaths a small reduction over the 1951 figure of 41%. On the other hand cancer as a cause of death has shown an absolute increase from 92 in 1951

to 102 in 1952, representing a relative increase from 12.6% to 14.4% of the total deaths. Figures for the Area and its constituent County Districts appear in more detail as Appendix 1 of this report. This year I have compiled an additional appendix—Appendix 2—which provides a more detailed analysis of the two most numerous causes of death—heart disease and cancer. In recent years the attention of the medical profession and the general public has been increasingly drawn to coronary disease as a frequent cause of sudden death, which strikes down men and women who have appeared to be healthy, and who in many instances were not aware that they suffered from heart disease. In coronary disease the blood vessels which supply the muscle of the heart itself become diseased as a result of which the blood supply to the heart muscle is interfered with and fails. This disease of the coronary arteries is part of the general pattern of disease which affects the arteries of the body from middle age onward, and comes under the popular description of "hardening of the arteries." Certain features about coronary disease are difficult to understand or explain. It is for instance more common in those whose occupation involves mental strain and worry, and less common in those whose occupation involves physical exertion. It would therefore appear to be, like peptic ulcer, a disease brought about by the worry, stress and the increased tempo of modern civilized conditions. Much research work has been done and is being done to find out why man's arteries, and particularly his coronary arteries, should degenerate, become diseased and fail long before his other tissues have worn out. Whilst certain facts are known, and certain deductions are possible there is at present no real answer to the problem of coronary disease which continues to take its tragic toll in sudden death. It can be seen from the figures in Appendix 2 that during 1952 coronary disease caused 30% of all deaths from heart disease in this Area.

In a world where many of the diseases which formerly caused early or untimely death have been greatly reduced in numbers, cancer stands out in sharper relief as a very potent cause of death. In this Area it was during 1952 second in the list of principal causes of death, accounting for 14% of all deaths during the year. Of the clearly defined cancers that affecting the stomach was numerically greatest, but the less well-defined cancers which appear in Appendix 2 under the head "various other cancers" were responsible for the greatest number of deaths. In recent years there has been a definite increase in the mortality from cancer. Some of the increase is real that is due to an actual increase in the incidence of cancer, whilst some of it is apparent, that is due to better diagnosis and recognition of disease which previously went unrecognised.

Coincidental with this increase in cancer mortality the whole subject has been receiving greater attention from medical and scientific workers and a great deal of research has been and is being carried out into possible causes of cancer. If and when these causes are uncovered it is reasonable to hope and believe that effective remedies will be found, but up to the present the causes of cancer remain largely hidden. Not unnaturally the subject of cancer is one which interests the general public and one which tends to receive an increasing amount of publicity in the press and in periodicals. As to whether this publicity is a good thing it is difficult to say, and opinions are divided on the matter. It would perhaps be fair to say that the publication of bare statistics without comment or explanation would not be wise, tending to create an unreasoning fear of the disease. If the general public is to be informed about cancer, such information must be conveyed in the most careful and tactful manner, and even then, it may not be possible to avoid creating in some individuals a "cancerphobia" with all its attendant unhappiness. What we really want to get across to people is the fact that much cancer is curable if it is taken in hand in its early stages. Whether this can be done without causing undue alarm, and worry is something on which it is most

difficult to form a reliable judgment. Probably nothing short of experimental cancer education campaigns would yield reliable information on the subject. As far as this Area is concerned there is perhaps some small comfort in the fact that over the past five years there has been no real increase in cancer mortality, and in fact the figure for 1952 is slightly below the average annual figures for the period 1948-1952.

In 1952 the incidence of notifiable infectious disease was low, the total of 234 cases being the lowest recorded in the five years 1948-1952. The diseases which normally cause large fluctuations in yearly totals—measles and whooping cough—were not very active in 1952. Of the more serious infectious diseases there was one case of diphtheria in an unimmunised adult, one fatal case of encephalitis in a 12-year-old boy, and two non-fatal cases of meningococcal meningitis in young children. In a year in which the incidence of poliomyelitis in England and Wales was above the average we were fortunate in having no cases of this disease in this Area. In connection with poliomyelitis it is encouraging to be able to report that as a result of intensive research work, principally in America, the prospect of preparing a vaccine to prevent the onset of poliomyelitis is brighter. It is as yet much too early to say whether the solution to the control of poliomyelitis is in sight, but we have good hopes that it is not too far away. I am also glad to be able to report that a vaccine to protect against whooping cough was made available towards the end of the year. Although it may not have the spectacular success which attended the use of ante-diphtheritic vaccine we hope it may reduce the incidence and severity of whooping cough amongst children. Whilst on the subject of protective inoculation, may I add my voice to those who have warned of the danger of becoming careless or indifferent about having young children protected against diphtheria. Many young parents have hazy memories of the disease, and because it seldom rears its ugly head in their midst, they may become confirmed in the belief that diphtheria has disappeared from the world and there is no need to have their children protected against it. It cannot be repeated too often or with too much emphasis, that unless the immunity of young children against diphtheria is maintained by timely immunisation this disease will again come amongst us to reap its tragic harvest of young lives.

Families, who by their asocial behaviour, leading as it does to the placing of uncommonly heavy demands on social services, are not inappropriately known as "problem families." The great majority of these families are characterized by mental subnormality, coupled with a fine disregard for the rules of life and conduct which govern our highly organised society. Of the parents the father is capable of low-grade or unskilled work only, and may often be irregularly employed or unemployed. The mother is usually a hopeless manager and housekeeper who soon gives up the unequal struggle against the filth and squalor which she and her family create all about them. A considerable part of the family income is spent on tobacco and alcohol, and the remainder is frittered away by poor domestic economy. When first encountered the state of the family may be ascribed to poor housing conditions, but a transfer to a better house with reasonable amenities make little difference to the mode of life of a true problem family. On the contrary the increased rent of such a house lays upon them an increased burden which most of them cannot or will not carry. Add to this the damage and dilapidation they cause in the house, and the sense of resentment their presence engenders in their more normal neighbours, and it is not difficult to appreciate the reluctance of housing authorities to accept these families as tenants. It appears that if these families, and particularly the children are to be helped, and rehabilitated, something in the nature of a team of social workers is needed to go into the home, and there working with, and virtually becoming a part of the family to endeavour to raise the standard of life and conduct

of the family to something approaching normality. Such teams or family service units have been formed, and used in large urban communities and they appear to have achieved some success. Obviously they could not operate so effectively in a thinly populated area mainly rural in character, and it is therefore fortunate that in such areas problem families are not so numerous, nor have their members the same opportunities for indulging in serious crime or juvenile delinquency. As a matter of interest there are in this Area about 30 familes who provide in greater or less degree some problem to our social workers which calls for frequent visiting, and much effort to improve and educate them to a better standard of life for themselves, and a better standard of behaviour towards the rest of the community. Progress can be and often is painfully slow, but we always hope for better things from the growing generation of these families, and here and there our hopes are rewarded. One thing beyond doubt is the necessity to continue helping even the worst and most hopeless of these families. To abandon them to their own devices is to add further to the number who batten upon and exploit the resources of modern society.

The welfare of old persons continued to cause some anxiety during 1952. Several cases of old persons living alone in squalid and insanitary conditions came to my notice during the year. In some cases the old persons were persuaded to accept accommodaton in a hospital or institution where they could be cared for, and in other cases assistance provided by relatives, home helps, and the district nurse enabled them to remain at home, where living under reasonable if not ideal conditions they were much happier. It has been said that in modern times old people are being left a great deal to fend for themselves as far as care and assistance from relatives is concerned. This is unfortunately true in many cases and is an inevitable result of the state of mind which the Welfare State creates in many people, in consequence of which they believe that the State is able and willing to take over their personal cares and responsibilities. On the other hand we must in justice take cognizance of the genuine difficulties which prevent many well-intentioned people from caring for their old relatives. One of these is the physical separation, sometimes by long distance, between old people and their kin. This is one of the results of easy travel and the tendency of younger people to move away from mainly rural areas to larger centres of population. Another difficulty encountered in these cases is the friction and dissension which results from the differing outlook of old people and their younger relatives, and here it must be admitted that some old persons can be extremely cantankerous, and make unreasonable demands on those who endeavour to care for them. I do not wish to over-emphasise or dwell unduly on these shortcomings and the difficulties they create, but I think it only right that they should be known. If all that one might wish to do for old people in the closing years of their lives is not always done, the blame cannot always be placed on those who may have tried to help. A great many old people are happy living alone, and manage very well with a little outside assistance. In some cases however the failing capacity, part mental, part physical, of old people to care for themselves manifests itself in the falling away of their living standards. Their houses become verminous and insanitary and they themselves become filthy in person and habits. They moreover suffer from malnutrition because of their inability to prepare proper meals for themselves, whilst their dependence on paraffin oil for heating and lighting creates a considerable danger of fire for themselves and their neighbours. Such are the pathetic cases of old persons which come to my notice, and in which I am forced to intervene to persuade them to accept outside help or to move into a hospital or institution where they will be cared for. Where persuasion fails I am empowered to bring the case before a Court of Summary Jurisdiction where if the Bench thinks fit an order for the removal of the old person may be made. I personally do not like this procedure, involving as it does the removal of the

liberty of the subject, but as an official I should feel bound to make use of it if I should encounter a person who proved unreasonable about the conditions under which they lived. I am glad to say that during 1952 I had no reason to take any such case before the Bench, although in some cases I was driven very close to having to do so, and I feel that sooner or later the necessity for this course of action will arise.

The provision of adequate housing still continues to be of prime importance in promoting and advancing the health and happiness of this community. It is true that the very heavy demand of the years immediately after the war has ceased, especially in the two Rural Districts in this Area, but in the Boroughs and Urban Districts the demand for rehousing continues to be heavy. In this Area, the relatively limited size of the building industry has restricted the amount of new building which can be undertaken but within these limitations all the District Councils have done their best to satisfy existing demands.

As far as water supply was concerned the main development was the completion of the trunk main from St. Cleer to Polruan. This will put an end to the severe water shortage which in the past has made life in the summer months so uncomfortable in this popular holiday resort, and in addition will solve the water supply problem at so ne places along the line of the main, notably Dobwalls, where a start can now be made in providing some new houses. The next step in this comprehensive scheme would appear to be construction of intake works on the River Fowey, and the provision of a new main from these works to enlarged treatment works and storage reservoirs at St. Cleer. When this is done there should be ample pure water available to serve all the needs of the surrounding area for many years to come, and it will then be possible to consider extending piped water supplies to many villages, hamlets and farms which are badly in need of such supplies.

With the development of water supplies the need will soon arise for more satisfactory systems of sewage disposal. Because of the high cost of providing such systems progress must necessarily be slow, and in consequence the two Rural Districts, on which the principal demand for this service exists, have agreed on a scheme of priorities for the carrying out of this work. Other things being equal, places suffering the greatest nuisance from existing unsatisfactory methods of sewage disposal, are given the highest priority. This means that smaller villages and hamlets, where the extent of the nuisance is less will have to be patient and await their turn, perhaps for some years, since the provision of proper facilities is at present a slow, and expensive matter. During the year 1952 the main active work on sewage disposal was at St. Cleer in the Liskeard Rural District, though much time, and thought was given to the preparation of schemes in the St. Germans and Liskeard Rural Districts.

I trust that the foregoing paragraphs will give some general idea of those aspects of Public Health work in this Health Area which have interested me and in some respects caused me concern during 1952. My general impression of the year is one in which the health of the community has been about average, and in which there have been no outstanding losses or gains, and I think we can rest reasonably content if not completely satisfied with this result. From a purely personal point of view the year was for me very satisfactory in the cordial relations which existed between members, and officers of District Councils and myself, and I should like to take this opportunity of thanking all those who have helped me and co-operated with me during the year 1952.

I have the honour to be,
Your obedient Servant,

P. J. Fox,
Medical Officer of Health.

BOROUGH OF LISKEARD.

Area of Borough	2704 acres.
Population (Registrar General's Estimate) ...	4299
Number of Inhabited Houses	1275
Rateable Value of Borough	£33,525
Sum represented by Penny Rate	£135

Vital Statistics for 1952.

	Male.	*Female.*	*Total.*
Live Births	24	25	49

	Liskeard M.B.	Health Area No. 7	England and Wales
Birth rate per 1,000 of population ...	11.97	13.86	15.30

	Male.	*Female.*	*Total.*
Still Births	—	4	4

	Liskeard M.B.	Health Area No. 7.	England and Wales
Still birth rate per 1,000 of population	0.93	0.32	0.35

	Male.	*Female.*	*Total.*
Deaths	20	41	61

	Liskeard M.B.	Health Area No. 7	England and Wales
Death rate per 1,000 of population	9.65	13.25	11.30

Deaths attributed to Pregnancy, Childbirth, and the Puerperal State.

No deaths registered.

Deaths of Infants Under One Year of Age.

	Male.	*Female.*	*Total.*
All cases	1	1	2

	Liskeard M.B.	Health Area No. 7	England and Wales
Infant mortality rate per 1,000 live births	40.82	36.39	27.6

Principal Causes of Death at All Ages.

Heart Disease	26
Cancer (all sites)	16
Cerebral vascular lesions ("stroke")	8
Respiratory disease	5

	Males.	*Females.*
Average Age at Death	64.45	65.15

For some reason which I find it difficult to explain the birth rate in the Borough tends to be on the low side as compared with the surrounding area and with the country as a whole. With the exception of 1951, this has been the case in the past five years, the rate for 1952—11.97 per 1,000 of population—being the lowest figure in that period. It is probable that people in the younger age groups are tending to leave small country towns like Liskeard for the large centres of population where employment is more readily obtained. The death rate is below the national figure and is in fact the lowest in this part of the country. For the fifth successive year there were no maternal deaths. The infant mortality rate though still above the general rate is reduced by almost half as compared with the 1951 figure.

As far as the main causes of death are concerned, heart disease, and "strokes" were less prominent causes, and cancer showed increased prevalence compared with the previous year.

Infectious Disease. The incidence of infectious disease in the Borough was extremely light during 1952 when the total of cases notified was only 7. This is the lowest total for infectious disease in any year for many years—certainly since 1947, the previous lowest total being 9 cases in 1950. The following are details of cases and case rates for notifiable infectious disease during the year.

Rates per 1,000 of Population.

Disease	Cases	Liskeard M.B.	Health Area No. 7	England and Wales
Pneumonia	3	0.70	0.92	0.72
Scarlet fever	2	0.47	0.07	1.53
Rates per 1,000 Total (Live and Still) Births.				
Puerperal pyrexia	2	37.73	5.27	17.87

There were no deaths from infectious disease during 1952.

Tuberculosis. During the year 5 cases of respiratory and 1 case of non-respiratory tuberculosis were notified in the Borough. This is the same total of new tuberculosis cases notified as in 1951. In addition to these 6 cases, 3 others were taken on to the Tuberculosis Register from other sources. During the year there was 1 death from respiratory tuberculosis and 4 other cases were removed from the Register for various other reasons. At the end of 1952 there were 29 cases of respiratory and 7 cases of non-respiratory tuberculosis known to be resident in the Borough.

The following are details of new cases, deaths, case rates and mortality rates in respect of tuberculosis.

	New Cases.		*Deaths.*	
Age Group.	*M.*	*F.*	*M.*	*F.*
0— 1	—	—	—	—
1— 5	—	—	—	—
5—15	—	—	—	—
15—45	3	2	1	—
45—65	—	1	—	—
65 and over	—	—	—	—

RATES PER 1,000 OF POPULATION.

	Liskeard M.B.	Health Area No. 7	England and Wales
New cases	1.40	1.01	Not stated
All cases	8.37	5.62	Not stated
Deaths	0.23	0.11	0.24

During the year 18 susceptible contacts of tuberculosis received B.C.G. vaccination, the majority of these being children below the age of 10 years.

National Assistance Act, 1948. No action under Section 47 of this Act was called for during 1952.

Water Supply. The quality of the water supplied in the Borough has at all times been beyond reproach. Now that some 50,000 gallons per day, is being supplied to the Liskeard Rural District for distribution to Polruan and other places along the line of the St. Cleer—Polruan trunk main, the condition of the raw water intake main from Trekeive to St. Cleer is causing some concern. It is hoped that there will not be any undue delay in the formation of the Joint Water Board, so that the construction of intake works and the laying of the new large diameter intake main can be put in hand.

Sewerage and Sewage Disposal. There are no developments to report here. The Council's Consulting Engineers have continued their surveys with a view to producing a satisfactory scheme for disposal of the town sewage, but there have been many difficulties, particularly with respect to the finding of a suitable site for the treatment works.

Food. A certain amount of routine inspections of premises in which food is handled and prepared were carried out during the year. Arrangements for the inspection of all meat issued from the Liskeard Abbatoir operated satisfactorily during the year. I am glad to be able to report that certain work to improve the facilities

for slaughtering and subsequent handling of meat was put in hand during 1952 and will be continued during 1953. When this work is completed there should be an appreciable improvement in the arrangements for handling and distribution of meat from the abbatoir.

The following are details of carcases inspected and condemned during 1952 at the Liskeard abbatoir :—

Carcases Inspected and Condemned, 1952.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed	1463	542	1270	3713	660
Number Inspected	1463	542	1270	3713	660
All Diseases except Tuberculosis					
Whole carcase condemned	14	22	24	72	12
Carcase of which some part or organ was condemned	426	251	22	185	176
Percentage effected with disease other than tuberculosis	3.0	5.4	3.6	6.9	30.2
Tuberculosis only					
Whole carcase condemned	5	19	1	—	7
Carcase of whlch some part or organ was condemned	175	142	2	—	52
Percentage affected with tuberculosis	12.3	29.7	0.23	—	3.2

A large number of samples of milk and ice-cream was taken during the year. I believe that the regular sampling of these important foods stimulates the retailer to produce a clean and wholesome article of food. Where results are not satisfactory it is usually possible to advise on ways and means to eliminate faulty technique in the handling and preparation of food.

Food Poisoning. No cases were notified during 1952.

Clean Food Campaign. No such campaign was undertaken during 1952.

Factories Act, 1937. Most of the 54 premises on the register were inspected during the year. All the factories concerned are small in size and employ limited numbers. No difficulties were encountered during 1952.

Housing. During the year 12 new houses were completed. This brings to 93 the total of new houses built by the Council since the war. In spite of this there is still a very keen demand for re-housing in the Borough both from people in the Borough whose existing conditions are unsatisfactory and from residents in the surrounding rural area who are employed in Liskeard. There are many old dwelling houses in the Borough which is not sufficiently dilapidated to justify immediate closing or demolition, are very much below modern standards and are not at all suitable for large families especially where there are young children.

Report of the Sanitary Inspector. The Annual Report of the Sanitary Inspector, Mr. E. J. Hoar, A.R.I.S. follows. I should like to place on record my sincere thanks to Mr. Hoar and the Additional Meat and Sanitary Inspector, Mr. Burch, for the help they have given me during 1952.

Sanitary Inspector's Report, 1952.

Water Supply. In view of the proposed formation of a Joint Water Board, no alterations or improvements have been made in the method of impounding water from the streams at Trekeive, or to the supply system from Trekeive to the filtration plant at St. Clear Downs.

It has been reported at various times that the supply pipe is very defective and a considerable amount of labour is expended to keep this stoneware pipe free of root growth.

This has become a matter needing constant attention now that it has been agreed to supply the Liskeard Rural District with up to 50,000 gallons of water per day.

It is also very necessary to restrict the use of water in the Borough for household use only and not for hosing down windows or gardens.

The samples of water collected for Laboratory test, also the weekly tests for residual chlorine in the water after sterilisation, have been satisfactory.

No alterations have been made in the supply system in the town, and there remain considerable lengths of mains that are very old and badly incrusted.

These corroded mains supply the following areas :
Trevecca to Lux Cross, Lux Cross via Higher Lux Street to Market Street.
Lux Cross via Greenbank Road to Post Office.
Station Road from Post Office to Grove Park Terrace.
West Street from Public Hall to Pendean.
Plymouth Road from Church Street South to Maudlin.

It has been found very necessary to have the service pipes to dwelling houses constantly tested for leaks, many of these pipes are of lead and have been down many years and are rotten, and any alteration in the pressure from the main cause them to fracture.

The number of houses within the town supplied by common stand-pipes remains at 54, these houses are in groups from 3 to 8 houses and are all very sub-standard.

Sewerage and Sewage Disposal. A scheme for dealing with this matter has been under consideration for some years and almost all of the buildings constructed by private enterprise are being drained to cesspits.

No new sewers have been put down, nor have any defective sewers been replaced.

The existing means for the disposal of sewage is from various outfalls, nine in number, which discharge direct into streams or on to the surface of the land.

Clean Food Regulations. No further action has been taken to implement the proposed Bye-laws relating to the handling of food, the matter having been deferred until the improvements at the Liskeard Abbatoir have been carried out.

There has been a certain amount of work carried out on this building, and it has been agreed that other work shall be carried out to comply with the minimum requirements of the Council.

Food Inspection.

Milk.

Number of samples collected	99
,, ,, ,, satisfactory	90
,, ,, ,, unsatisfactorily	9

Ice-Cream.

Number of samples collected	72
,, ,, ,, Grade one	47
,, ,, ,, ,, two	13
,, ,, ,, ,, three	12
,, ,, ,, ,, four	Nil.

Factories Act.

Number of premises on the register	54
,, ,, ,, inspected	49
,, ,, ,, requiring cleansing or minor repairs	30
,, ,, ,, defects remedied	11
,, ,, ,, repairs, etc., not yet carried out	19

Rodent Control. A survey of all farms within the borough has been made, and most of the occupiers have a contract with the C.A.C. for the treatment of rats on their farms.

The incidence of rat infestation in the borough is slight, it has only been necessary to treat the sewers once a year but the sewer outfalls and the Refuse Dump have been treated twice during the year.

Public Health Act, 1936.

Number of preliminary notices outstanding at the end of 1951	19
,, ,, ,, work completed in 1952 ...	6
,, ,, ,, work not completed and statutory notices served in 1952	11
,, ,, ,, premises under observation	2
Number of preliminary notices served in 1952	7
,, ,, ,, work completed	5
,, ,, ,, work not completed and a Statutory notice served	1
,, ,, ,, still under observation ...	1
Total number of statutory notices issued in 1952	2
,, ,, ,, ,, ,, nuisance abated ...	2

Issue of a preliminary notice deferred by Council in respect of The Nook Station Road (since issued in 1953).

Housing Act, 1936.

Number of houses on which a notice of the consideration of a demolition order issued		5
,, ,, ,, repaired or reconstructed	(4 Barn St.) ... (Tudor Cottage)	2
,, ,, ,, demolished	(6 Fair Park Rd.)	1
,, ,, ,, plans submitted for reconstructions but work not carried out	(18 Higher Lux St.)	1
,, ,, ,, vacated but not demolished	(12 Church St. North)...	1

Erection of new houses.

Number of post-war houses erected by the Council up to the end of 1951	81
,, ,, ,, ,, erected in the year 1952 ...	12
,, ,, ,, ,, in course of erection on the 31st December, 1952	14
Total	107

Private enterprise housing.

Number of post-war houses erected up to the end of 1951	6
,, ,, ,, ,, erected in 1952	7
,, ,, ,, ,, in course of erection on the 31st December, 1952	5
Total	18

Staffing of Sanitary Inspector's Department.

During the last three months of 1952 the Council had been without an additional Meat and Sanitary Inspector, Mr. Burch having taken up an appointment at Luton.

The post of Additional Meat and Sanitary Inspector has now been filled by Mr. Sanderson who commenced his duties in January.

E. J. Hoar,

Sanitary Inspector.

Liskeard Borough, 18.5.53.

APPENDIX I.

Principal Causes of Death—All Ages—1952.

Disease	St. Germans R.D.	Liskeard R.D.	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Health Area No.7
Heart Disease	79	95	38	15	26	26	279
Cancer (all sites)	33	15	15	12	16	11	102
Cerebral Vascular Lesions ("Stroke")	29	16	20	11	8	2	86
Respiratory Disease	20	13	3	3	5	4	48
Circulatory Disease	16	8	7	3	1	2	37
Genito-Urinary Disease	7	4	8	3	1	—	23
Accidents	7	4	3	2	—	2	18
Digestive Disease	3	3	2	1	—	1	10
Suicide	4	1	—	—	—	1	6
Tuberculosis	1	2	1	—	1	1	6

APPENDIX II.

Details of Types of Heart Disease and Cancer causing Deaths—1952.

Type of Disease	St. Germans R.D.	Liskeard R.D.	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Health Area No. 7
Coronary Disease, Angina	26	25	13	7	5	6	82
High Blood Pressure with Heart Disease	5	8	2	—	2	1	18
Other Heart Disease	48	62	23	8	19	19	179
Cancer of Stomach	5	3	2	2	2	6	20
Cancer of Lung and Windpipe	1	—	1	1	1	1	5
Cancer of Breast	4	1	1	—	3	1	10
Cancer of Womb	3	2	4	3	1	—	13
Various other aCncers	20	9	7	6	9	3	54

APPENDIX III.

Deaths by Age Groups—1952.

	0—5 *years*	5—15 *years*	15—45 *years*	45—65 *years*	65—75 *years*	75 *years upwards*	*All Ages*
St. Germans R.D.	10	2	7	43	61	112	235
Liskeard R.D.	7	—	5	36	42	92	182
Saltash M.B.	5	—	10	24	31	47	117
Torpoint U.D.	2	—	4	16	14	23	59
Liskeard M.B.	3	—	5	12	17	24	61
Looe U.D.	2	—	4	9	16	24	55
Health Area No. 7	29	2	35	140	181	322	709

APPENDIX IV.

Average Age at Death—1952.

District	*Males.*	*Females.*
St. Germans R.D.	70.01	66.77
Liskeard R.D.	69.02	71.60
Saltash M.B.	64.38	67.69
Torpoint U.D.	61.59	67.07
Liskeard M.B.	64.45	65.15
Looe U.D.	62.56	74.07
Health Area No. 7	67.27	68.47

APPENDIX V.

Incidence of, and Mortality from Tuberculosis in Health Area No. 7—1952.

	New Cases.		*Deaths.*	
Age Group.	*M.*	*F.*	*M.*	*F.*
0— 1	—	—	—	—
1— 5	—	—	—	—
5—15	4	5	—	1
15—45	19	12	1	1
45—65	7	4	1	1
65 and over	3	—	1	—
Totals	33	21	3	3

	Males.	*Females.*
Case Rate per 1,000 of population	0.64	0.39
Mortality Rate per 1,000 of population	0.06	0.06

Case Rates and Mortality Rates per 1,000 of Population by Sanitary Districts in Health Area No. 7—1952.

District.	*New Cases.*	*Total Cases as at 31.12.52.*	*Deaths.*
St. Germans R.D.	0.72	5.63	0.06
Liskeard R.D.	1.46	4.53	0.14
Saltash M.B.	1.00	5.63	0.13
Torpoint U.D.	1.17	5.57	Nil.
Liskeard M.B.	1.40	8.37	0.23
Looe U.D.	0.28	6.72	0.28
Health Area No. 7	1.01	5.62	0.11

APPENDIX VI.

B.C.G. Vaccinations against Tuberculosis—1952. Age Group.

District	*Under 1 year*	1—5 *years*	5—10 *years*	10—15 *years*	15 *years and over*
St. Germans R.D.	3	12	12	8	4
Liskeard R.D.	2	5	7	6	3
Saltash M. B.	3	9	3	5	2
Torpoint U.D.	1	4	1	1	—
Liskeard M.B.	3	6	6	1	2
Looe U.D.	1	2	6	1	1
Health Area No. 7	13	38	35	22	12